

ADDRESS CHANGE APPLICATION

Applications can be emailed to: dspermits@maricopa-az.gov

SECTION I: APPLICANT CONTACT INFORMATION

Applicant Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Please specify best mode of product delivery: ☐ Email ☐ Mail

SECTION II: ADDRESS CHANGE INFORMATION

Existing address: _____

Proposed address: _____

Alternative 1: _____

Alternative 2: _____

Justification for change: _____

SECTION III: SUBMITTAL REQUIREMENTS

Please provide the following information for a **Street Name Change** request:

Office
Check-in Applicant
Use Only Checklist

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Neighborhood Notification Letters

Once staff has approved the applicant's neighborhood notification letter, applicant must mail out advisory letters to the tax billing address of all adjacent property owners within three hundred (300) feet of the external boundaries of the subject property. Refer to Notification template.

Mailing Instructions:

Letters must be sent **via certified mail** and with the **City's mailing address as the return address:**

**City of Maricopa Planning Dept. Case#____,
39700 W. Civic Center Plaza, Maricopa, AZ 85138.**

Submittal to City:

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One (1) copy of complete, alphabetized list of all property owners within three hundred (300) feet of the external boundaries of the subject property (**list submitted may be no older than 30 days**).

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One (1) copy of a map of the area depicting the three hundred (300) foot radius from which the adjacent property owner list was derived, showing adjacent properties and noting existing land uses and zoning.

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Source from which list was derived (i.e. name of Title Company).

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Three (3) 8.5" x 11" copies of map showing affected street segment(s) and all abutting properties. Include a north arrow, scale bar, street names, parcels and parcel identification numbers.

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List of licensed home-based businesses along the affected street segment.

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Completed Petition including signatures of at least 51% of the individuals that own a parcel abutting the street.

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PDF version of the submitted materials on CD or USB drive.

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Fee: \$100/hour of review,
First hour \$100 due initially,
Balance billed at completion of review.

I have read this Street Name Change Application and understand that if my application is not complete in all respects it will not be processed until such time as it is complete. I also understand that it may take up to four weeks to receive a response to this application.

_____Sig
nature of Applicant Date

_____Prin
t Name

OFFICE USE ONLY

Date of Submittal: _____ Fees: _____ Receipt #: _____

Date of Completion: _____ Accepted by: _____

Staff Comments: _____
